

FORM JSPAC
COVER SHEET PG 1

4450

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed 3	
3 COMMITTEE NAME FRIENDS OF JUDGE DAVID CRAIN				OFFICE USE ONLY Date Received JAN 13 4 31 PM '00 FILED Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE c/o Charles O. Grigson 604 W. 12th Street Austin, Texas 78701			
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address		TITLE FIRST MI Charles O. Grigson NICKNAME LAST SUFFIX			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 604 W. 12th Street Austin, Texas 78701			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX APT / SUITE # CITY STATE ZIP CODE 604 W. 12th Street Austin, Texas 78701			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 477-5791			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DRI) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year 7 / 01 / 99 THROUGH 12 / 31 / 99			
11 ELECTION		ELECTION DATE Month Day Year 3 / / 00 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC
COVER SHEET PG 2

12 COMMITTEE
NAME

Friends of Judge David Crain

ACCOUNT # (Ethics Commission filers)

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

☐ SUPPORT

☐ OPPOSE

☐ ASSIST
(officers only)

☐ CANDIDATE

☒ OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

OFFICE SOUGHT (candidate) / OFFICE HELD (officerholder)

Judge, County Court at Law No. 3
Travis County, Texas

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 125.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1,824.02

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code

Charles O. Piggson

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

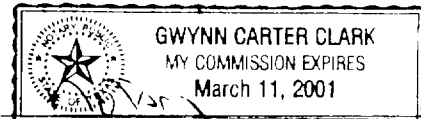
Sworn to and subscribed before me, by the said CHARLES O. PIGGSON this the 11th day
of JANUARY, 20 00, to certify which, witness my hand and seal of office

Gwynn Carter Clark

Signature of officer administering oath

Gwynn Carter Clark

Printed name of officer administering oath



Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F
1**2 FILER NAME**

Friends of Judge David Crain

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	7 Amount (\$)
12/15/99	Travis County Democratic Party. 6 Payee address; City State Zip Code 1311 E. 6th, Austin, Texas 78702	125.00

8 Purpose of expenditure (See instructions regarding type of information required) Filing day dinner	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name n/a Office sought / held
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Date	Payee name	Amount (\$)
	Payee address; City State Zip Code	

Purpose of expenditure (See instructions regarding type of information required)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
	Payee address; City State Zip Code	

Purpose of expenditure (See instructions regarding type of information required)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
---	---

Date	Payee name	Amount (\$)
	Payee address; City State Zip Code	

Purpose of expenditure (See instructions regarding type of information required)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED